

**MEDICAID**  
**2016 LEGISLATIVE BILL TRACKING**

Bill #	Subject	Sponsor	Background/Status
<b>Behavioral/Mental Health</b>			
HB 579 SB 858	Mental Health – Wraparound Services for Children & Youth	Del. Rosenberg  Sen. Kelley	Requires Governor to include in FY18 budget (and annually thereafter) to include an appropriation to provide wraparound services in accordance w/ the 1915(i) 'model' for 300 children or youth w/ intensive mental health needs who are not eligible for wraparound services under a 1915(i) Medicaid SPA  HB 579: WITHDRAWN  SB 858: WITHDRAWN
HB 908	Hospitals – Establishment of Substance Use Treatment Programs	Del. Morhaim	Requires hospitals to establish a substance use treatment program, and operate an inpatient & outpatient substance use treatment unit or contract for this service; the program must include a counselor who is available 24/7 to provide screening, intervention, referral & treatment for patients and evaluate patients & direct them to the appropriate care setting; HSCRC must including funding for these treatment programs in hospitals' rates, and develop a methodology to evaluate the effectiveness of the program  Heard: HGO, 2/23
SB 89	Md. Medical Assistance Program – Provision of Substance Use Services to Enrollees of MCOs	Sen. Middleton	Removes statutory references to the provision of substance use services to enrollees of HealthChoice MCOs, to conform statute w/ current practice where these services are carved out of HealthChoice benefit package (language on substance-related disorder services is included to ensure parity of benefits)  DHMH bill  WITHDRAWN
SB 497 HB 595	Behavioral Health Community Providers – Keep the Door Open Act	Sen. Guzzone  Del. Hayes	Requires DHMH to adjust the reimbursement rate for community providers each fiscal year by the rate adjustment included in the budget for that year; beginning in FY18, the Governor's budget must include rate adjustments for community providers based on funding in the prior fiscal year, in an amount equal to the average annual % change in CPI for the prior 3-year period; if services are provided by MCOs, they must pay the rate in effect during the prior fiscal year for the first year they provide services, and adjust the rate each succeeding fiscal year by at least the same amount  SB 497: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in HGO, 3/29 @ 1 pm  HB 595: heard in HGO, 2/16
SB 899 HB 1217	Md. Medical Assistance Program – Specialty Mental Health & Substance Use Disorder Services – Parity	Sen. Klausmeier  Del. Sample-Hughes	Requires DHMH to adopt regs on or before 6/30/17 to ensure that the Medical Assistance program is in compliance w/ the federal Mental Health Parity & Addiction Equity Act & the ACA; the regs shall include standards regarding treatment limitations for specialty mental health & SUD services, and relate to (1) telehealth services & residential treatment programs that are not IMDs; (2) service notification & authorization requirements; (3) licensed specialty mental health or SUD program billing; and (4) reimbursement rates  SB 899: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in HGO, 3/29 @ 1 pm  HB 1217: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in FIN, 4/5 @ 1 pm

Bill #	Subject	Sponsor	Background/Status
<b>Long-Term Care</b>			
HB 1542 SB 1092	Nursing Facilities – Quality Assessment – Modification	Del. B. Barnes  Sen. Rosapepe	Changes nursing home quality assessment to apply to facilities that have 70 or more beds (instead of 45 or more beds)  SB 1092: heard in B & T, 3/17
SB 895 HB 1235	Md. Medical Assistance Program – Nursing Services – Skills Checklist	Sen. Klausmeier  Del. West	Requires DHMH to specify in regulations the skills checklist used as part of the process of determining the competency of nurses, certified NAs & home health aides to render nursing services through a residential service agency or home health agency  HB 1235: WITHDRAWN  SB 895: heard in FIN, 3/2
SB 939 HB 1181	Md. Medical Assistance Program – Nursing Homes – Partial Payment for Services Provided	Sen. Madaleno  Del. Morgan	Requires DHMH to make advance payments (upon request) to nursing homes for uncompensated program services provided to a resident who has filed an application for program services, but their eligibility has not been determined within 90 days after the application was filed; the advance payment may not exceed 50% of the estimated amount due; if an advance payment is made and the resident's application is approved, DHMH shall pay the balance to the nursing home, but if their application is denied, DHMH shall recover any advance payments made  SB 939: heard in FIN, 3/9  HB 1181: 3 <sup>RD</sup> READING PASSED AS AMENDED

Bill #	Subject	Sponsor	Background/Status
<b>MCOs</b>			
HB 802	Health Insurance – Provider Panel Lists	Del. Hammen	Expands types of info required to be on the list of providers that insurers must make available to prospective enrollees, and update it once a year, and update info provided on the Internet at least once every 15 days (applies to MCOs)  MIA departmental  WITHDRAWN
HB 1347	Md. Medical Assistance Program – MCOs – Disenrollment	Del. Kipke	Allows enrollees to disenroll from their MCO to maintain continuity of care w/ a pharmacy provider if the contract between the provider and the MCO terminates and the enrollee desires to continue receiving care from the provider  WITHDRAWN
SB 929 HB 1318	Health Benefit Plans – Network Access Standards & Provider Network Directories	Sen. Klausmeier  Del. Kelly	Requires insurers to adhere to standards that ensure all enrollees (including adults & children) have access to providers & covered services without unreasonable travel or delay, and ensure access to providers that serve predominantly low-income & medically-underserved individuals; insurers must file an access plan w/ MIA by July 1 each year (beginning 7/1/18) that meets these requirements; insurers must periodically review a reasonable sample size of its network directory for accuracy; includes additional standards for responding to out-of-network referrals  SB 929: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in HGO, 3/31 @ 1 pm  HB 1318: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in FIN, 4/5 @ 1 pm

Bill #	Subject	Sponsor	Background/Status
<b>Other Medicaid-Related Bills</b>			
HB 377 SB 513	Md. No-Fault Birth Injury Fund	Del. Morhaim  Sen. Nathan-Pulliam	Establishes a system for adjudication and compensation of claims arising from birth-related neurological injuries; the fund is capitalized by annual premiums from Maryland hospitals and obstetrical physicians; requires HSCRC increase hospital rates for obstetric services to account for the cost of the per-birth premium  Was HB 553/SB 585 last year  HB 377: heard in HGO, 2/12  SB 513: heard in JPR, 2/25
HB 489	Termination of MHIP, Transfer of SPDAP & Funding for State Reinsurance Program	Del. Hammen	Sunsets MHIP and transfers SPDAP to DHMH  3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in FIN, 3/31 @ 1 pm
HB 1220	DHMH – Health Program Integrity & Recovery Activities	Del. Hammen	Provides DHMH w/ increased ability to audit Medical Assistance providers and to recover overpayments; permits the Inspector General to subpoena any person or evidence, administer oaths and take depositions & other testimony to obtain necessary information for its audits; authorizes assessments of civil money remedies in lieu of recoupment of an entire claim when a provider fails to meet statutory or regulatory requirements under certain circumstances; also permits DHMH to use extrapolation to recover overpayments to providers if the federal gov't or its agent has conducted an audit using extrapolation to recover funds from DHMH  DHMH bill  Was HB 1101 last year  3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in FIN, 3/31 @ 1 pm
HB 1221	Md. Medical Assistance Program – Presumptive Eligibility – Required Participation by Hospitals	Del. Hammen	Requires that on or before 7/1/16, each hospital shall agree to make presumptive eligibility determinations and actively submit them to DHMH  Heard: HGO, 3/10
HB 1243	Md. Medical Assistance Program – Specialty Care – Prohibition on Authorization	Del. Angel	Uncodified language requiring DHMH to adopt regs by 12/1/16 that (1) require the Dept. to determine the date when an enrollee's eligibility ends; (2) require the Dept. to include on an authorization for specialty care the date when an enrollee's eligibility ends; and (3) prohibits the Dept. from authorizing specialty care beyond the date when an enrollee's eligibility ends  Heard in HGO, 3/1
SB 242 HB 886	Md. Medical Assistance Program – Telemedicine – Modifications	Sen. Kelley  Del. West	Requires primary care providers to be included among types of providers eligible for telemedicine reimbursement; authorizes Dept. to require providers to submit a registration form for processing of claims reimbursement; DHMH (in consultation w/ Health Care Commission) to report by 10/1/16 on other states' Medicaid telehealth policies & planned enhancements to Md. Medicaid telehealth program  SB 242: 3 <sup>RD</sup> READING PASSED AS AMENDED; FAVORABLE HGO  HB 886: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in FIN, 4/6 @ 1 pm

Bill #	Subject	Sponsor	Background/Status
<b>Other Medicaid-Related Bills (cont'd)</b>			
SB 252 HB 511	Md. Medical Assistance Program – Former Foster Care Adolescents – Dental Care	Sen. Pugh Del. Cullison	Allows coverage of dental care for former foster care adolescents; Dept. must apply to CMS by 10/1/16 for a waiver  Was SB 141/HB 858 last year  SB 252: RETURNED PASSED  HB 511: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in FIN, 4/5 @ 1 pm
SB 449 HB 981	Md. Medical Assistance Program – Guardianship Fees – Personal Needs Allowance	Sen. Kelley Del. Kelly	Requires inclusion as part of the personal needs allowance any guardianship commissions & attorney's fees (capped at \$50 per month) when determining a disabled Medicaid enrollee's available income  Was SB 216 last year  SB 449: RETURNED PASSED  HB 981: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in FIN, 4/6 @ 1 pm
SB 550 HB 1608	Task Force to Study Access to Dental Care in the State	Sen. Pugh Del. Oaks	Establishes task force to study (1) how to increase private dental care utilization & decrease unmet need among Medicaid-eligible/ineligible kids & adults; (2) cost of dental care, incl. the effect of Medicaid dental fees paid to providers & the increase in the Medicaid dental provider network in 2009; (3) how to address barriers to dental care, incl. financial issues & shortage of dentists & dental hygienists; and (4) effects of the ACA on dental coverage & cost barriers to dental care; task force to make recommendations on how to increase access to dental care and report by 12/30/16  SB 550: heard in FIN, 2/25
SB 848 HB 1005	Health Insurance – Contraceptive Equity Act	Sen. Kelley Del. Kelly	Amended bill requires Medical Assistance program to provide coverage for a supply of prescription contraceptives for at least a 6-month period; the first prescription for a contraceptive or a change in prescription for contraceptives would be exempt from this requirement for the first two-month supply; the Medical Assistance Program would also be restricted from applying a prior authorization requirement for an FDA-approved contraceptive device that is an intrauterine device or implantable rod and obtained under a prescription  SB 848: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in HGO, 3/31 @ 1 pm  HB 1005: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in FIN, 3/29 @ 1 pm